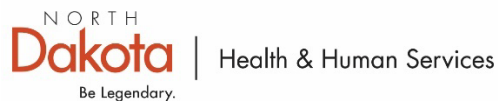


ATTACHMENT D: BUDGET TEMPLATE AND BUDGET JUSTIFICATION



**STATEWIDE HEALTH STRATEGIES GRANT BUDGET TEMPLATE EXAMPLE**

| Itemized Description of Budget Items   | Budget Amounts |             |
|--|----------------|-------------|
|  | State Funds    | Match Funds |
| <b>Budget Category</b>   |                |             |
| <b>Personnel:</b> Salary rate (i.e. hourly rate x hours/month x 18 months or % time x # months based on annual salary) for each person |                |             |
| <b>Fringe Benefits</b>   |                |             |
| <b>Travel, Food, &amp; Lodging</b> (in-state and out-of-state travel)  |                |             |
| <b>Supplies</b> (e.g. purchase of materials, office, educational, etc.)  |                |             |
| <b>Printing / Copying</b> (e.g. average cost per sheet, etc.)  |                |             |
| <b>Communication</b> (phone / internet / postage)  |                |             |
| <b>Equipment</b> (>\$5,000 per item)   |                |             |
| <b>Consultant/Contractual</b>  |                |             |
| <b>Other</b>   |                |             |
| <b>Totals</b> (State Funding will NOT exceed \$200,000.00 per project)   |                |             |
| <b>Total Program/Project Costs</b><br>(Sum of State Funds plus Match Funds)  | \$             |             |

Note: You **MUST** provide, at minimum, a one-dollar match for every one state dollar.

**STATEWIDE HEALTH STRATEGIES GRANT BUDGET JUSTIFICATION**

For each item listed in the budget, provide a brief description, including:

- 1) Justification for the staff person and/or budget item and describe how the cost relates to the success of your project and
- 2) The source of matching funds.